

STATE OF HAWAII  
**DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**  
**Business Registration Division**  
335 Merchant Street  
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810



**CERTIFICATE OF LIMITED PARTNERSHIP**

(Section 425E-201, Hawaii Revised Statutes)

*PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK*

The undersigned, being desirous of forming a limited partnership, hereby certify in accordance with the provisions of Chapter 425E, Hawaii Revised Statutes, as follows:

1. The partnership is a (check one):

- ☐ Domestic Limited Partnership (Name must contain: Limited Partnership or L.P. or LP)
- ☐ Domestic Limited Liability Limited Partnership (Name must contain: Limited Liability Limited Partnership or L.L.L.P. or LLLP)

2. The name of the partnership shall be:

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3. The mailing address of the partnership's initial principal office:

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4. Each limited partnership shall continuously maintain at its registered office the records of the partnership.

5. The partnership shall have and continuously maintain in the State of Hawaii a registered office and a registered agent. The agent may be an individual resident of Hawaii, a domestic entity or a foreign entity authorized to transact business in the State, whose business office is identical with the registered office.

a. The name (and state or country of incorporation, formation or organization, if applicable) of the partnership's registered agent in the State of Hawaii is:

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(Name of Registered Agent)

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(State or Country)

b. The street address of the partnership's initial registered office in the State of Hawaii is:

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6. The name and address of each general partner is as follows:

<u>GENERAL PARTNER</u>	<u>ADDRESS</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. The name and address of each limited partner is as follows:

<u>LIMITED PARTNER</u>	<u>ADDRESS</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I/we certify, under the penalties set forth in Sections 425E-208, Hawaii Revised Statutes, that I/we have read the above statements and that the same are true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

_____ (Type/Print Name of General Partner)	_____ (Signature of General Partner)
_____ (Type/Print Name of General Partner)	_____ (Signature of General Partner)

SEE INSTRUCTIONS PAGE. The certificate must be signed and certified by at least one general partner.